

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/>	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / 2004
3 Name and address of person filing Name <input type="text"/> Mary <input type="text"/> E <input type="text"/> Davidson P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 7407 Stagecoach Lane City <input type="text"/> San Antonio State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 78227	4 Name file number and address of labor organization Name <input type="text"/> Laborers Local Union # 1095 Labor Organization File Number <input type="text"/> 067-850 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 8546 Broadway Suite # 107 City <input type="text"/> San Antonio State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 78217
5 Position in labor organization <input type="text"/> Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <input type="text"/>	On <input type="text"/> 08/11/2005 <input type="text"/> (210) 805-8326	Date Telephone Number

Name of Person Filing Mary Davidson	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text" value="SCETT"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="905 - 16th Street N W"/></p> <p>City <input style="width: 80%;" type="text" value="Washington DC"/></p> <p>State <input style="width: 20%;" type="text" value="District of Columbia"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="20006"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 80%;" type="text" value="SCETT"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="905 - 16th Street N W"/></p> <p>City <input style="width: 80%;" type="text" value="Washington DC"/></p> <p>State <input style="width: 20%;" type="text" value="District of Columbia"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="20006"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> SCETT sponsored dinners and meetings for employers members and interested parties relating to job employer jobs and health and training issues </div> <p>11 b Approximate dollar value of such dealing <input style="width: 100px;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> On 12/02/04 Ms Davidson received a meal equaling \$34 52 Ms Davidson holds no ownership interest and has not received any income from SCETT </div> <p>12 b Amount <input style="width: 100px;" type="text"/></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input style="width: 100px;" type="text"/></p>



Laborers' Local #1095 Laborers International Union of N.A.

August 12, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW
Room N-5616
Washington D C 20210

RE Form LM-30 Filing for Mary E. Davidson, Laborers' Local Union #1095
Labor Organization File Number 067-850

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate for the value of the benefit received.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Respectfully,

Mary E Davidson